BEST AVAILABLE COPY

								Application or Docket Number					
	PATENT A	RD											
Effective October 1, 2000									PILIOPICI				
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
T-0	TAL OLAINO		(Column	1)	(Colu	(Column 2)		TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS			2n					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		94			X\$ 9=		OR	X\$18=	72	
INDEPENDENT CLAIMS			minus 3 =		85			X40=		OR	X80=	4998	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT	<u> </u>				+135=		OR	+270=	270	
* If	the difference	less than ze	ess than zero, enter "0" in column 2			L	TOTAL		OR	TOTAL	956		
CLAIMS AS AMENDED - PART II										•	OTHER		
		(Column 1)		(Colu		(Column 3)	SMALL EN		ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	147 7	PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=	<u>.</u>	OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIM		ا ا	+135=		OR	+270=		
.:		Ĺ	TOTAL			TOTAL							
	(Column 1) (Column 2) (Column 3)							NDDIT. FEE		10,,	ADDIT. FEE	·	
AMENDMENT B	,	CLAIMS		HIGH	IEST		lг	•	ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	.21	Minus	***		=		X\$ 9=	• •	OR	X\$18=		
	Independent	. 8	Minus	***	F 01 4114	=	Ħ	X40=		OR	X80=		
Ш	FIRST PRESENTATION OF MULTIPLE DEF			PENDENT CLAIM			J	+135=		OR	+270=		
							L	TOTAL		OB	TOTAL		
		(Column 1)		(Colu	(Column 3)	A	DDIT. FEE			ADDIT. FEE			
		CLAIMS		HIGH	IEST		1 r		ADDI-			ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT	·	PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		<u> </u>	!	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 105			. 270-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270= TOTAL		
**	If the "Highest Nu	mber Previously P mber Previously P	aid For" IN THIS	SSPACE	is less tha	n 20, enter "20.	" А	DDIT. FEE		OR	ADDIT. FEE		
		nber Previously Pa					er foui	nd in the ap	propriate box	k in co	lumn 1.		